

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

Washington, DC 10&

HAN 20 HAN

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

11756	78						
OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
Estimated average burden							
hours per respons	se 16.00						

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Ascent Small Cap Hedge Fund, LLLP  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Ascent Small Cap Hedge Fund, LLLP  Address of Executive Offices (Number and Street, City, State, Zip Code)  6501 East Belleview Avenue, Ste. 400, Englewood, CO 80111  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)	ULOE  08041986  Telephone Number (Including Area Code)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)  Ascent Small Cap Hedge Fund, LLLP  Address of Executive Offices (Number and Street, City, State, Zip Code)  6501 East Belleview Avenue, Ste. 400, Englewood, CO 80111  Address of Principal Business Operations (Number and Street, City, State, Zip Code)	08041986
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6501 East Belleview Avenue, Ste. 400, Englewood, CO 80111 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	303-694-2190
	Telephone Number (Including Area Code)
Brief Description of Business	
Invest in Managed Funds that will in turn invest with investment professionals that manage he	iedge funds.
<u> </u>	PROCESSI
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (pl ☐ business trust ☐ limited partnership, to be formed	lease specify): MAR 2 5 200
	PHARCAN
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 5 0 ∠ ⊿ Actual	THOMSON CINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously suppli- not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the So are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex	emption. Conversely, failure to file the

filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re-	quested for the fol	lowing:			
Each promoter of the second control of	he issuer, if the iss	suer has been organized v	within the past five years;		
Each beneficial own	ner having the pow	er to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive offi	cer and director o	f corporate issuers and o	f corporate general and mai	naging partners of [	partnership issuers; and
Each general and m	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	f individual)	, ,, <u>,, ,, ,, ,, ,, , , , , , , , , , </u>			
Asset Management Group	p Investment Co	orp.			
Business or Residence Address 6501 East Belleview Aver	•	-			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Earl L. Wright	findividual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	Code)		
6501 East Belleview Aven	ue, Ste. 400, Er	nglewood, CO 80111			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Michael D. Bergmann	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip C	Code)		
6501 East Belleview Aven	iue, Ste. 400, Ei	nglewood, CO 80111			111111111
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	(individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip C	Code) .		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)		,		
Business or Residence Address	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	(individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip C	Code)		
	(Use blan	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	<del></del>

					B. II	NFORMAT	ION ABOU	T OFFERI	NG	_			i
1.	Has the	issuer solo	i, or does th	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offeri	ng?		Yes	No <b>E</b>
			,			Appendix				_		Ŀ	<b>—</b>
2.	What is	the minim	um investn			• •		•				s_102	2,000.00
									•			Yes	No
3.			permit join									_	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									;			
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Cip Code)						
Nar	me of Ass	sociated Bi	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	s Solicit <del>e</del> d	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	l States)	*************	***************************************			····		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	(FL)	GA	ΉΪ	(ID)
	IL	ĪN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM)	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if indi	ividual)				<u></u>					
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Nai	me of Ass	sociated Bi	oker or Dea	aler									·····
Star	tac in Wh	ich Descon	Listed Has	. Caliaitad	os Intendo	to Solicit I	Duzahasaza	•					·
Sta			i Lisieu Has i" or check						•			□ AI	l States
	(Circux												
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
	MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD.	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	. WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if indi	ividual)							<del></del>		
D		Danidanaa	Address (N	<b>.</b>	d Steed C	Str. Ctata '	(in Code)						
יווען		Vezinence	Munices (1	Antilinel Wi	ia succi, C	ity, State, A	sip Code)	•					
	iiic33 01												
			oker or Dea	aler					•				
Nar	ne of Ass	sociated Br	oker or Dea		or Intends	to Solicit I	Purchasers		•	-			
Nar	ne of Ass	sociated Br		s Solicited	<del>-</del>								l States
Nar	ne of Ass	sociated Br	Listed Has	s Solicited	<del>-</del>				DC	FL		Al	l States
Nar	ne of Ass tes in Wh	sociated Br nich Person "All States	Listed Has	s Solicited individual	States)	<u></u>	••••••••	······································					

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	<b>5</b>	\$
	Common Preferred		
	Convertible Securities (including warrants)		<b>\$</b>
	Partnership Interests	1,479,000.00	\$_1,479,000.00
	Other (Specify)		s
	Total	1,479,000.00	<b>\$</b> 1,479,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$_1,479,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		<b>S</b>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<b>s</b>
	Regulation A	<del></del>	s
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs	<u> </u>	\$_1,000.00
	Legal Fees	<u>1</u> 2	\$_1,500.00
	Accounting Fees		<b>s</b>
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		\$
	Total		\$ 2,500.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted graph proceeds to the issuer."	oss	\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted groproceeds to the issuer set forth in response to Part C — Question 4.b above.	ınd	
	•	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗆 \$	. D\$
	Purchase of real estate	🗀 \$	. D\$
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$	
	Construction or leasing of plant buildings and facilities	🗆 \$	. 🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	
	Repayment of indebtedness		_
	Working capital	_	<del>_</del>
	Other (specify): Investment in Hedge Funds		
	······································	_ 	. <b></b> \$
	Column Totals		
	Total Payments Listed (column totals added)	🗹 s <u>-1</u> ,	476,500.00
	D. FEDERAL SIGNATURE		jl .
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this no nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Cominformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	mission, upon writte	
 Iss	uer (Print or Type) Wignature ( M	Date	
As	cent Small Cap Hedge Fund, LLLP	March 10, 2008	
Na	me of Signer (Print or Type)  Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·
Mic	hael D. Bergmann General Manager		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		ļ
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>X</b>
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied.		
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha athorized person.	lf by the	undersigned
Issuer (	(Print or Type) Date		<del></del>
Ascent	Small Cap Hedge Fund, LLLP March 10, 2008		

General Manager

## Instruction:

Name (Print or Type)
Michael D. Bergmann

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX										
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL						•					
AK						•					
AZ											
AR						•	·				
CA		X				•			X		
со		X							X		
СТ						,					
DE											
DC											
FL		X		1	\$102,000.00						
GA											
ні						•					
ID							-				
IL						,					
IN						,					
IA											
KS											
KY											
LA											
МЕ											
MD											
MA							-				
МІ											
MN		X							X		
MS						,					

## **APPENDIX** 2 4 . 5 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price explanation of to non-accredited Type of investor and amount purchased in State waiver granted) investors in State offered in state (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited Investors Yes No State Yes No Investors Amount Amount MO MT NE NV NH NJ NM NY 1 NC \$102,000.0 ND ОН OK OR PΑ RI SC SD TN TX UT VT VA WA WVWI

	APPENDIX											
1		2	3	4			4					
:	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana waiver	lification ate ULOE attach attion of granted)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited · Investors	Amount	Yes	No			
WY		X		2	\$1,071,000				X			
PR												

END